FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PARTIES OF SUMARY PARTIES OF SU	7 2008 OCT 20	AM II Indexed S
(5)County PAC (6)Ballot Issue/Franchise Committee (7)County/Cli (8)Support Siste of Candidates	y Central Committee	Audited Computer
CANDIDATE COMMITTEES ONLY:		·
Candidate Name	Political Party	
Office Sought	District (if Senate or House	- 0) -
SIGNATURE OF TREASURER (or person filing this repo	1041-648-90 TELEPHONE	96 10-16-08 DATE SIGNED
Routine Penalties Due For La SEE INSTRUCTIONS ON BACK AND COMPLETE 1	-	
1AM FILING A 10-19-08		•
(report date)		ECTION /(2)NON-ELECTION YEAR.
	ίΩ: · · · · · · · · · · · · · · · · · · ·	
CHECK IF AMENDMENT TO REPORT DATED		Local Committees, enter Date of Election
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a Notice of	e of Dissolution Form DR-3. Dissolution is filed.)	County & Local Committees, enter County in which Election is held
STATEMEN	IT OF CASH ON HAND	
CASH ON HAND at the beginning of the reporting period. (by the committee. This amount MUST be the sam of the last reporting period, or must be zero if this i	e as the cash on hand at the end	$d = 21/\alpha 1 = \frac{1}{2}$
ADD TOTAL MONEY TAKEN IN THIS PERIOD	, ,	50
Schedule A: Cash Contributions total (Attach Sche	dule A) (*also see in-kind below	2/63
Schedule F: Loans Received Wial (Attach Schedul		
Schedule H: Total Sales of Campaign Property (Al	•	
(Schedule H applies to Candidates' Co	• '	12/11/0
SUBTRACT TOTAL MONEY SPENT THIS PERIO		
Schedule B: Expenditures total (Attach Schedule B		4365.92
Schedule F: Loan Repayments total (Attach Sched		Notif.
CASH ON HAND at the end of this reporting period (if final r	eport, balance must	# 1000 02
**UNPAID BILLS (From Schedule D - Attach Schedule D)		
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sch		
*OUTSTANDING LOANS (From Schedule F - Attach Sched	ule r)	
CONSULTED TAKE CONTINUES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES NO

For instructions, See Back of Form CONTRIBUTIONS MONEY TAKEN IN	AKROSO	SCHEDULE A	MONETARY
	ing. Bendang kelalah distriktion di Selah d	(Rev. 06/97)	RECEIPTS
COMMITTEE NAME (Must be same as on Statem Hanchi Co Democrat		CK THIS BOX IF NOING FORM	
STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECENUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATE DISCLOSURE BOARD.	IVEN FROM A STATE PAC (PO) ITICAL ACTION COMMITTE	E). LIST THE PAC IDE THE IOWA ETHICS A	ENTIFICATION IND CAMPAIGN

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MWDD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF F FUN RAIS INCO
7/21	ID# CK#	Cash from pass the hat		30	1100
8/18	ID#	Cash from pres the heat		28 00	
8/18	CK# //93	Mc Kenley Bailey Box 64 Webster at, In 50595		1000	
9/15	CK#	Cash from passhe hat		32	
9/15	ID# CK#	Irwa Fall, Ja 50126		10)
	CK#				
	CK#				
	ID# CK#				
	CK#				:
	ID# CK#		***************************************		
			SUB-TOTAL		6

TOTAL (If last page of this

schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no

Page ______ of _______

For instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAM	E (Must be seme	as on Statement of Orga	noizetion)
	7	and on commentation of City	maceuory
* the	10 10	1 /8 -	$\boldsymbol{\rho}$
1 ICC LECEN	U Kumi	crat Central	1500 mis TUT
		Coron Carron Carro	CGIPOIPCOCO

SCHEDULE A (Rev. 05/97)	MONETARY RECEIPTS	
CHE AME	CK THIS BOX IF NOING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAG (POLITICAL ACTION COMMITTEE), LIST THE PAG IDENTIFICATION NUMBER AND THE PAG CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF F
RECEIVED (MWDD/YR)	(if applicable) AND PAC CHECK: NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUN RAIS
101.0	ID#	Jeanetti White		cea	INCO
. 112_	CK# 7204	Jana Fulls In 50126		25	-
10/	ID#	Covenne Hundohl		ਹਹ	
/12	ck# 2802	Journ fully 2 50126		25	
10/	ID#	Corene Sudderberg	•	cas	
1/12	CK# 1816	Low Full, In 50 16		10	
10/	ID#	Tun Hou		00	
112	CK# 1919	Eldora, In 50627		50	
10/12	ID#	Jam mura	• • • • • • • • • • • • • • • • • • • •	æ	
	CK#38/0	Down Fall, In 50126		40	
10/12	ID#	Sharon Treenen	ati sa a sa	00	
	CK#5714	ackley, In 5060/		10	
10/17	ID#	Janua Madly		00	
/12	ск. 2325	Done Fully, & 50126		5	
10	ID#	Marian Ruper		50	
/12	ck# 2552	ackly de 50601		47	_
101	ID#	Janeice murra		્ર	
112	ск# 3830	Lowy Falls J. 50/26		40	
101	ID#	Norene Ostinson		1. 75	
1/12	ск# 2444	Norene Johnson Eldora, de 50627		15	
			SUB-TOTAL	2683	<u></u>
•				KCO T	*

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no

Page 2 of 4

TOTAL (if last page of this

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Hardin County Dengeste Central Committee

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
CHE AME	CK THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF I FUN RAIS INCO
19/12	ок# 6747	Howa Falls, In 50126	• •	1000	
10/12	CK# 4831	Hubbard De 50122		35 -	
10/12	CK# 1057	Jonn Brown Jon S126		6 40	i,
10/12	CK#3474	John Toylor Jour Fell, da 50126		25 20	- 1.5
10/12	CK# 5545	Rugene Bernet Alden, In 50006		2500	
10/12	CK# 7445	Jana Fall, Ju 50 126	est van ti	50 4	
10/12	CK# 4303	Karene Topp Radelyte In 50230		25 00	
10/12	CK# 6785	Sown Falls, In 50 126		50 20	
10/12	CK# 8812	Sour Fall, In 50126		25 00	
10/12	CK#2443	Eldora de 50627		10 00	
		TOTAL (#	SUB-TOTAL	s26.1 ec	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and effinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no

Page 3 of 4

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Myst be same as on Statement of Organization)

SCHEDULE	
A (Rev. 06/97)	MONETARY ** RECEIPTS
CHE	CK THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MWDD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF F FUN RAIS INCO
10/12	CK# 7553	Marian Ruper ackley, In 50601		\$6 00	
10/12	CK# 20327	Hurti, Release 50126		50 00	
10/12	CK# 6869	Down Fell, Ja 50126		25 00	
0/12	iD# ск# 4/43	Juday Jennegan Jowa tall, In 50126		50	
10/12	CK# 5330	Down Fall, In 50126		3	
10/12	CK#	Cash from Rundraiser	est volume est volume est est est est est	350	
	CK#				
	ID# CK#				
	ID# CK#			·	
	ID# CK#				
			SUB-TOTAL	2.	

schedule) * Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no

TOTAL (if last page of this

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Sta	atement of Organi	ization)	
Hand !	sh +	Pa to	Commettee	-
Hallun W	Many char	lesnos	Commelle	

DATE	CANDIDATE ID NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
EXPENDED (MM/DD/YR)	(if applicable) AND PAC	(Disbursement) WAS MADE	,,	CAI CHOCO
,	CHECK NUMBER			
- /		4. 6 1)		
8/18	CK# 1319	Hoy for House	ALCC.	2/
- //0	1519	Eldora Jas 2627	A for Compaign	\$ /5000
_ 1	ID#	Greenwoldfor		.0.
8/26	CK# 1320		# for Compaign	5000
726		Wankie 1 50263		
,	ID#	HyVie	flowers for	75
9/9	CK#/32/	Sowa Fall, Ja 50126	Howers for Jam Starr Ferrend	26 26
m /	ID#	Monna Mac Roberts	portage for	7
	CK# 1322	Jan 211 9 57171		94 94
112	1) Z Z	Jan Fell, Ja 50126		79
101		American Ligion	rent for	00
10/12	CK# [323	Down Falls In 50 126	Pindraisi	75 <u>50</u>
101	ID#	Mary Beth Soule	Dapplus for	82
10/n	CK# 1324	Jour Falls In Sono	Pandraises	34=
	IU#	To Sound Sun	4	00
6/12	CK# /325	Jona Fall, &	A for Compacji	800
<i>.</i> 1	ID#	Har C 11	•	
10/	CK# /326	Hoy for House	to for Compargi	90
10/	OINT / D D D	Eldora .	campaign	500
		i i	SUB-TOTAL	\$3531.10
		·	TOTAL (if last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

penditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 56.6(3)(I).)

Page ____ol

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE ETH

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES	
CHEC	CK THIS BOX IF	

CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.	CHECK THIS BOX IF AMENDING FORM
COMMITTEE NAME (Must be same as on Statement of Organization) Has din Co. Dernocrat and Commutes	

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/12	10.1	Sodder Son Senato State Center La	A for Campaigni Pord For	\$ 500
10/12	ID# CK# 1328	Jove Fells In Soll	ford for Europausi	1348
10/12	ID# CK# <i>[32</i> 9	Greenweld for Congress Ukukee , da 50263	A for Compaign	200
	ID# CK#			
	ID# CK#			
	ID# CK#	·		
	ID#			
····	ID#			

SUB-TOTAL TOTAL (if last page of this schedule)

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

penditures to persons/entities providing consulting, advertising, fund-raising, managing, organizing services must also be detail itemized on schedule G by the amount, purpose, and date of each type of expenditure made, the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)